



Dear expectant mother,



Many of our patients have specific requests for management during labor and delivery. Our goal for managing your labor and delivery is to help you bring your baby into this world in a safe and friendly environment. We hope this will be a wonderful experience for you. Most birth plans provide a menu of options with checkboxes for things that you want during labor and delivery. These forms suggest that having a baby is like having a meal at a smorgasbord: Pick what you want for each course, the price is the same. However, when it comes to labor, some of these "menu items" have more risk than others. Our common practices and reasons for them are listed below, along with your birth options. If you have any special requests or would like to discuss any of these issues, please make a note of them below, and we will discuss them with you.

Environment – If you would like to have the softer lights, or bring/play your own music, that is usually acceptable and is simply a matter of conveying your desire to our caring staff in Labor and Delivery. During and after the actual delivery, some lighting is necessary.

Visitors – Your partner is welcome throughout your labor and delivery unless an emergency cesarean section is necessary and you require general anesthesia. In addition, depending upon your wishes, the maturity of your visitors, the room size, and your condition, other family members or friends are usually allowed to attend the birth.

Pain management – Except in specific circumstances, we usually leave the type of pain management up to you. Available options include: Lamaze-type techniques (no medications), intravenous (IV) medications, and regional anesthetics (such as an epidural). We discourage the use of epidurals before active labor (usually 4-5 cm dilated) because early epidural-use seems to increase the length of labor and the likelihood of cesarean section.

IV – We strongly recommend that you have an IV in place during labor so that we can quickly provide care in the event of an emergency. It is common to attach the IV to tubing and give some IV fluids, but if you desire, this can usually be limited.

Food and Drink – We recommend limiting your food and drink to clear liquids and hard candy so that your stomach can be relatively empty. If an emergency delivery is necessary and you have to have general anesthesia, it is much safer for you if your stomach is empty.

Monitors – We usually do continuous fetal monitoring once you are admitted to labor and delivery. If your pregnancy is uncomplicated, there may be times when it is appropriate to go for periods without fetal monitors. Usually the fetal monitors are placed on your abdomen over your uterus. If additional information is necessary, we sometime put monitors directly on the baby or inside your uterus.

Labor positions – As long as we are able to frequently monitor the baby (the situations vary), you are free to move around the room.





Delivery positions – Most women deliver while lying on their back or side, and most providers have the most experience delivering babies from this position. If you would like to deliver in an alternative fashion, please let us know.

Episiotomies – We do not routinely perform episiotomies. If they are performed it is usually because we need to get the baby out quickly.

Forceps and Vacuums – Forceps or Vacuums are used only when necessary. Vacuum-or-forceps-assisted delivery is recommended when your cervix is completely dilated but you are unable to push adequately enough to deliver. If forceps or vacuum is recommended, it is because your provider believes that the potential benefits of the procedure outweigh the risks.

The umbilical cord – If you desire, your partner can cut the cord unless the baby needs extra help transitioning to life outside of the womb.

Bonding – You may let us know me if you prefer to have the baby placed on your abdomen right after birth or after your baby has been cleaned. Unless there is a medical reason to do otherwise, we keep the mom and baby together after the delivery.

Feeding – Unless otherwise indicated, the best time to begin breast-feeding is shortly after birth. We support and encourage this practice.

Medications for baby – Typically, babies are given a shot of vitamin K in the thigh, and antibiotic ointment is applied to the eyes within the first half-hour after birth. These medications help your baby's blood to clot properly and decrease the risk of eye infections that you baby may acquire during the birth process. If you would rather the medications be given later or not at all, please let us know.

Please share with us any of your concerns or special requests.



Name _____

Signature _____

